

**Health Care Worker**

I hereby consent to have the  HIV  HBV  HCV test performed upon:

\_\_\_\_\_  
(print name)

- I understand the test for HIV is not a diagnostic test for AIDS.
- I have been advised of the implications of the test and have been given the opportunity to ask questions.
- I understand that \_\_\_\_\_ (facility) will maintain confidentiality of the test results, medical records and reportable information as provided for in accordance with DDSN policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date